

# HART Commuter Support Services Survey

HART would like to determine the factors influencing commuters decision to share a ride. Please take a moment to respond to the following. All returned surveys will be entered into a drawing for an Emergency Car Kit.

## 1 Please indicate the reasons influencing your decision to carpool or vanpool. Please check all that apply:

- ☐ Cost savings (mileage, fuel costs)
- ☐ Distance/Time
- ☐ Don't have a valid drivers license
- ☐ Disability
- ☐ Don't have a vehicle
- ☐ Don't have a reliable vehicle
- ☐ Prefer not to travel alone for safety reasons
- ☐ Other, please specify: \_\_\_\_\_

## 2 Please indicate the programs that influenced your decision to begin to carpool or vanpool. Please check all that apply:

- ☐ Guaranteed Ride Home Program
- ☐ Empty Seat Subsidy (vanpools only)
- ☐ Car Care Program (carpools only)
- ☐ NJTRANSIT Vanpool Sponsorship Program (vanpools only)
- ☐ Commuter Choice (pre-tax payroll deduction for vanpoolers)
- ☐ Would have wanted to share a ride whether programs were offered or not

## 4 Please indicate the programs that influenced your decision to continue to carpool or vanpool. Please check all that apply:

- ☐ Guaranteed Ride Home Program
- ☐ Empty Seat Subsidy (vanpools only)
- ☐ Car Care Program (carpools only)
- ☐ NJTRANSIT Vanpool Sponsorship Program (vanpools only)
- ☐ Commuter Choice (pre-tax payroll deduction for vanpoolers)
- ☐ Would share a ride whether programs were offered or not

## 3 Please rank, in order of importance, HART's Commuter Support Services' influence on your decision to carpool or vanpool:

- 1 very important
- 2 somewhat important
- 3 not important at all

- ☐ Guaranteed Ride Home Program
- ☐ Empty Seat Subsidy (vanpools only)
- ☐ Car Care Program (carpools only)
- ☐ NJTRANSIT Vanpool Sponsorship Program (vanpools only)
- ☐ Commuter Choice (pre-tax payroll deduction for vanpoolers)
- ☐ Would share a ride whether programs were offered or not

## 5 Please indicate your level of satisfaction with the following HART Commuter Support Services, as appropriate:

Support Service	Very Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable/ Have never used
Guaranteed Ride Home				
Empty Seat Subsidy (vanpool)				
NJ Transit Vanpool Sponsorship				
HART Car Care Program				

Comments on above programs:

Please use the space below to provide us with updated information. Must be complete to be entered into drawing for Emergency Car Kit.

Please **print**

Name \_\_\_\_\_

Address \_\_\_\_\_

City | State | Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Employer Name: (i.e. General Electric) \_\_\_\_\_

Employer Worksite: (i.e. Readington, NJ) \_\_\_\_\_



Upon completion, please return by Fax:  
**908.788.8583**

or mail to:  
**Hunterdon Area Rural Transit (HART)**  
84 Park Avenue  
Flemington, New Jersey  
08822